			ES DISTRICT CO STRICT OF MISSI		
		Plaintif	f		
v.				CIVIL ACTION NO.	ſ
		Defenda	ant		
	APPLI	ICATION FOR A	DMISSION PR	RO HAC VIO	CE
(A)	Name:				
	Firm Name:				
	Office Address:				
	City:			_ State	Zip
	Telephone:			Fax:	
	E-Mail:	VOTERS OF M	IISSISSIPPI, W	ILLIAM EAI	LEAGUE OF WOMEN RL WHITLEY, MAMIE
(B)	Client(s):	CUNNINGHAM, and YVONNE GUNN			Capital Street Suita 280
	Address:	c/o Southern Poverty Law Center- 111 East Capital Street, Suite 28			
	City:			_ State	Zip
	Telephone:			Fax:	
	The following infor	mation is optional	:		

	Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?
	Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?
C)	I am admitted to practice in the:
	State of
	District of Columbia
	and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:
	All other courts before which I have been admitted to practice:

Jurisdiction	Period of Admission

		Yes	No
(D)	Have you been denied admission pro hac vice in this state?	0	0
	Have you had admission pro hac vice revoked in this state?	0	0
	Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years?	0	0

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

		Yes	No
(E)	Has any formal, written disciplinary proceeding ever been		
	brought against you by a disciplinary authority in any other	0	0
	jurisdiction within the last five years?	Ü	O

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

		Yes	No
(F)	Have you been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders?	0	0

If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

(G) Please identify each proceeding in which you have filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court Date of Outcome of Application
Application

FORM 6	(ND/SD	MISS.	DEC.	2016	6)
--------	--------	-------	------	------	----

Email address:

(H)	Please identify each case in which you have appeared as counsel pro hac vice in
	this state within the immediately preceding twelve months, are presently appearing
	as counsel pro hac vice, or have pending applications for admission to appear pro
	hac vice, as follows:

	hac vice, as follo	ows:				
Name	and Address of Cou	art Style	of Case			
					Yes	No
(I)		nd become familiar RULES OF THE UNIT				
		Northern and So			0	0
	Have you read at OF PROFESSIONA	nd become familian	with the MISSIS	SSIPPI RULES	0	0
(J)	Please provide the associated for this		ation about the	resident attor	ney who has	been
Name	and Bar Number					
Firm N	Vame:					
Office	Address:					
		City:		State:	Zip:	
		Telephone:		Fax:		

Date

(K)	The undersigned resident attorned	ey certifies that he/sh	ne agrees to the	association	with
	Applicant in this matter and to the	ne appearance as atto	orney of record	with Applic	ant.

/s/ Leslie Jones, MS Bar No. 106029

Resident Attorney

I certify that the information provided in this Application is true and correct.

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

## CERTIFICATE OF SERVICE

The undersigned Resident Attorney certifies that a copy of this Application for Admission Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_.

/s/ Leslie Jones, MS Bar No. 106029

Applicant's Handwritten Signature

Resident Attorney